

**BOARD OF PSYCHOLOGISTS
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702
E-mail: jennifer.hackett@nh.gov

APPLICATION INSTRUCTIONS FOR LICENSURE AS A PSYCHOLOGIST

Prior to completing the application, it is strongly recommended that all applicants review the Laws RSA 329-B and Administrative Rules Mhp 100-500 on our website: <https://www.oplc.nh.gov/psychology>, to verify that all educational, exam, and supervision requirements are met. It is also recommended that applicants maintain a copy of their application for their records.

Please make sure all of the following information is included when submitting your application packet to the Board office:

1. A completed application, photograph, a **non-refundable application fee of \$300.00**, which must be in the form of a check or money order payable to “**Treasurer State of New Hampshire**”, resume and written responses to essay exam questions. .
2. A completed **Summary of Supervised Clinical Experience form**.
3. A completed **Psychologists Graduate Program Course Sheet**.
4. A completed **Internship Confirmation Form** that has been signed and sealed by the director of the internship site. Please have at least one internship supervisor fill out a professional reference form.
5. A completed **Postdoctoral Experience Form** that has been signed and sealed by the director of the postdoctoral site.
6. A completed **Supervisor’s Confirmation of Clinical Experience form** that has been signed and sealed by the director of the supervisor. At least one supervisor must also complete a professional reference form.
7. A completed **Supervisor’s Confirmation of Post Doc Clinical Experience form** that has been signed and sealed by the director of the postdoctoral site.
8. A completed **Verification of Licensure/Certification** from another jurisdiction form that has been signed and sealed by the state (if applicable).
9. Three **Professional Reference forms** that have been signed and sealed by each reference. At least one (1) professional reference form shall be from a supervisor.
10. An **official undergraduate and doctoral transcript** in an envelope that has been sealed by the school.
11. The Examination for the Professional Practice of Psychology (EPPP) is required for licensure as a psychologist. Please include proof of passing the EPPP. If you have taken the EPPP in another jurisdiction include a copy of your score in an envelope sealed by the Association of State and Provincial Psychology Boards (ASPPB).

**STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

(TYPE OR PRINT CLEARLY)

(a) Name.....

Type or Print Name exactly as it should appear on the license

Your Full Name if different from (a) above.....

Street Address.....

Mailing Address.....

City.....State.....Zip.....Telephone.....

List place of current employment (if any) and address:

Place.....

Address..... State.....Zip.....Telephone.....

Height..... Weight..... Hair Color.....Eye Color.....

Birthplace.....Date of Birth.....

Sex.....Soc Sec No...../...../..... E-mail.....

(b) List any other names used (eg.maiden name), and dates used.

(c)List all residences used in the previous five years.

(d)List the name(s), address(es), and degree(s) awarded from all colleges/junior colleges attended at either the undergraduate or graduate level.

| College/University | Address | Degree | Dept. | Mo/Yr Awarded | Major |
|--------------------|---------|--------|-------|---------------|-------|
|--------------------|---------|--------|-------|---------------|-------|

.....

.....

(e) Have you taken the Examination for the Professional Practice of Psychology (EPPP)? Yes___ No___

(f,g) If you have indicated in section (e) that you have previously taken the EPPP exam, please include a copy of your exam score in an envelope that has been sealed by the testing company.

(h) Your signature on this document indicates that you have arranged for an original certified copy of both undergraduate and graduate complete academic transcripts showing dates of attendance, courses taken, grades and class hours earned, programs completed and degrees awarded by colleges and universities in an envelope that has been sealed by the school.

(i.k) If you have ever held a certificate or license to practice, or have been refused a certificate/license in any state/jurisdiction, please complete the CERTIFICATE/LICENSE VERIFICATION form and forward it to the board(s) or jurisdiction(s) applicable. Correspondence from those board(s) or jurisdiction(s) must be sent directly to this Board. List this information below (attach additional sheets if necessary):

| Dates held | State or Jurisdiction | Cert/Lic # | Status (Reason if no longer held) |
|------------|-----------------------|------------|-----------------------------------|
| | | | |
| | | | |

(l) If you have ever been convicted of a felony or misdemeanor, then attach a separate sheet, including the name of the court, the details of the offense, the date of conviction, and the sentence imposed.

(m) If you have ever been treated for drug or alcohol addiction or abuse, or have ever been hospitalized for any mental or emotional illness, then attach a separate sheet, including details of the treatment, current treatment, and effects of treatment.

Have any of the following ever been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or have you ever been withdrawn or failed to proceed with an application for any of the following: (if you answer yes to any of these questions please provide full information on a separate sheet):

1. License or certificate to practice in any state or jurisdiction..... yes [] no []
2. Academic appointment..... yes [] no []
3. Membership on any hospital medical or allied health provider staff... yes [] no []
4. Provider status with any group, health maintenance organization etc. yes [] no []
5. Clinical privileges..... yes [] no []
6. Privileges or rights on any medical or clinical staff..... yes [] no []
7. Any other institutional affiliation or status..... yes [] no []
8. Professional society or association membership or fellowship yes [] no []
9. Professional Office..... yes [] no []
10. Board Certification..... yes [] no []
11. Any other type of professional sanction..... yes [] no []
12. Professional liability insurance..... yes [] no []
13. Have any judgments or settlements been made against you in professional liability cases or are there any pending law suits? yes [] no []
14. Have there ever been any criminal charges brought against you? yes [] no []
15. Have you ever been convicted of a drug or alcohol related offense? yes [] no []
16. To your knowledge, have you been the subject of an individual focused review required by a Professional Review Organization (PRO) or a similar agency?..... yes [] no []
17. Have you been the subject of a malpractice or civil suit involving the practice of your profession or any other health care profession?..... yes [] no []
18. Have you ever been charged or convicted of a crime (felony) in any state or country? yes [] no []
19. Have there been any complaints, charges of violation of any ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made against you?..... yes [] no []

20. Do you have any of the above (#19) pending against you ?..... yes [] no []
21. Have you ever been required to surrender any license/certificate?..... yes [] no []
22. Have you ever entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country by any licensing board or professional ethics body?..... yes [] no []
23. Have you ever been previously licensed with this Board? yes [] no []

If yes, please provide a written description of the type of work you have been doing since your license expired, whether in NH or elsewhere.

(ATTACH CHECK HERE)

(n) Attach an original recent photograph of applicant in this space:

ALL OF THE ABOVE STATEMENTS, AND ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT THE PROVISION OF FALSE INFORMATION IN THE APPLICATION IS A BASIS FOR DENIAL OF THE APPLICATION AND DISCIPLINARY ACTION BY THE BOARD.

I SHALL NOTIFY THE BOARD IN WRITING WITHIN 30 DAYS OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS APPLICATION, EVEN AFTER THE APPLICATION IS GRANTED, AND I CONSENT TO THE BOARD'S USE OF THE MAILING ADDRESS PROVIDED IN THE APPLICATION FOR ALL PURPOSES UNDER RSA 329-B AND MHP 100-500.

I, _____, HEREWITH APPLY FOR LICENSURE AS A PSYCHOLOGIST

IN ACCORDANCE WITH RSA 329-B AND MHP 100-500 OF THE NEW HAMPSHIRE BOARD OF PSYCHOLOGISTS, AND HEREBY CERTIFY THAT I AM THE APPLICANT IDENTIFIED IN THIS APPLICATION AND THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THE ENCLOSED PHOTOGRAPH IS A TRUE LIKENESS OF MYSELF.

Applicant's signature

Date

**STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

SUMMARY OF SUPERVISED CLINICAL EXPERIENCE

To be completed by the applicant and sent directly to the Board with the application.

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

| DATE | FACILITY | SUPERVISOR | TOTAL HOURS OF FACE-TO- FACE SUPERVISION | TOTAL HOURS OF CLINICAL EXPERIENCE |
|---|----------|------------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL HOURS OF SUPERVISED CLINICAL EXPERIENCE | | | | |

BY SIGNING BELOW, I CERTIFY THAT THE FOREGOING IS CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANTS SIGNATURE _____ DATE _____

Psychologists Graduate Program Course Sheet

TO BE COMPLETED BY APPLICANT

Circle or underline the Yes/No answers and complete applicable sections, verifications and tabulations. You may download this sheet to insert your answers into the applicable boxes with your computer and submit with your application.

| | |
|--|---|
| 1. Was any part of your graduate study online, telephonic, or other remote learning? | |
| Yes | If yes, provide documentation that you satisfy Mhp 302.03 (b)(c) requiring at least one full year of study in residence. Attach to this sheet. Then proceed to question 2. |
| No | If no, proceed to question 2. |
| 2. Was your graduate program APA or CPA approved? | |
| Yes | If yes, please include a one page verification from your program's materials, or a letter from your program that states this status, or a copy from the APA or CPA website page stating your program's accreditation status at the time of your attendance. Attach to this sheet. |
| No | If not accredited as above, all non-accredited program graduates must complete the following course category sheet: |
| <i>List courses and credits in the following areas:</i> | |
| Credits, Course title | |
| Scientific and professional ethics and standards: | |
| Research design and methodology: | |
| Statistics: | |
| Psychometrics: | |
| <i>At least 24 semester hours or 36-quarter hours of course work shall include a minimum of 3 or more graduate semester hours, 5 or more graduate quarter hours, in each of the following content areas:</i> | |
| Biological and chemical bases of behavior, including: <i>physiological Psychologists, comparative Psychologists, neuroPsychologists, sensation and perception, and psychopharmacology:</i> | |
| Indicate (circle) Semester / Quarter hours graduate study. Total credits this section: _____ | |
| Cognitive-affective bases of behavior, including: <i>learning, thinking, motivation, and emotion:</i> | |
| Indicate (circle) Semester / Quarter hours graduate study. Total credits this section: _____ | |
| Social bases of behavior, including: <i>social Psychologists, group processes, organization and systems theory, and cultural diversity:</i> | |
| Indicate (circle) Semester / Quarter hours graduate study. Total credits this section: _____ | |
| Individual differences, including: <i>personality theory, human development, and abnormal Psychologists:</i> | |
| Indicate (circle) Semester / Quarter hours graduate study. Total credits this section: _____ | |
| Total Credit hours for these four sections: _____ | |

**STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762

Internship Confirmation Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO SUPERVISOR OF INTERNSHIP
EXPERIENCE: Please return form to applicant in a signed sealed envelope.

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of PSYCHOLOGISTS requires professional references. THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE.

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY THE INTERNSHIP PROGRAM:

Name of internship program _____

Address _____

Dates applicant in program: (mo/yr) From _____ To _____

Applicants experience was: ☐ Full Time _____ (hrs/wk) **OR** Part Time _____ (hrs/wk)

Total hours of internship experience _____

Was the internship completed? ☐ YES ☐ NO

Face-to-face individual supervision: _____ (hrs/wk)

Applicant's primary supervisor _____ Degree _____ State _____

Licensed/Certified as a: _____ License No. _____ State _____

Type of approval of program (eg full, provisional, etc) _____

Was this an APA approved program? ☐ Yes ☐ NO

If your program was non-APA approved please attach documentation that describes the goals and content of the internship as well as how at least 2 hours per week in learning activities took place.

Number of "interns" in training at the same time as the applicant _____

I HERBY ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE.

Signature_____Date_____

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762

Postdoctoral Experience Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO POST DOCTORAL SUPERVISOR. Please return form to applicant in a signed sealed envelope.

I am applying for Licensure as a Psychologist in the state of New Hampshire. The New Hampshire Board of PSYCHOLOGISTS requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE.**

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY THE POST DOCTORAL PROGRAM:

Name of Postdoctoral program _____

Address _____

Dates applicant in program: (mo/yr) From _____ To _____

Applicants experience was: [☐] Full Time _____ (hrs/wk) **OR** Part Time _____ (hrs/wk)

Total hours of post doc experience _____

Was the post doc completed? [☐] YES [☐] NO

Face-to-face individual supervision: _____ (hrs/wk)

Applicant's primary supervisor _____ Degree _____ State _____

Licensed/Certified as a: _____ License No. _____ State _____

I HERBY ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE.

Signature _____ Date _____

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

Supervisor's Confirmation of Clinical Experience

To be completed by the applicant and forwarded to the supervisor of clinical experience

Request to the Supervisor and Release of Information to the Board

Please send one form to each supervisor and have them **return it to you** in a signed sealed envelope.

I am applying for licensure as a Psychologist in the State of New Hampshire. The Board of Psychologists requires confirmation of supervised clinical experience. This is your authority to release any information you have in your files, favorable or otherwise.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Summary of Supervised Clinical Experience

Name of Facility _____

Address of Facility _____

Applicant's Title at the time of supervision _____

Dates of Supervised Clinical Experience: From: month _____ year _____ To: month _____ year _____

FACE-TO-FACE Individual Supervision: Hours/Week _____ TOTAL supervised face-to-face hours _____

Total Hours of Supervised Clinical Work Experience* _____

(* # of hours worked per week X # of weeks worked)

Was a Candidate Agreement or Employment Relationship on file in the Board office prior to commencement of the supervision? [] YES [] NO

SUPERVISOR'S CONFIRMATION

Supervisor: Please provide (typed and attach)

- 1) A description of the supervisory methods and the types of issues dealt with during supervision,
- 2) A description of the type of work performed by the applicant, and
- 3) A description of the quality of work performed by the applicant.

SUPERVISOR'S CONFIRMATION

(Please Print Clearly)

Name_____

Title at the time of Supervision_____

Address_____

Highest degree earned_____

Licensed as a/an_____ By (state)_____ License#_____

Issue Date_____

Phone Number _____

Signature_____

Date_____

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

Supervisor's Confirmation of Post Doc Clinical Experience

To be completed by the applicant and forwarded to the supervisor of post doc clinical experience

Request to the Supervisor and Release of Information to the Board

Please send one form to each supervisor and have them **return it to you** in a signed sealed envelope.

I am applying for licensure as a Psychologist in the State of New Hampshire. The Board of Psychologists requires confirmation of supervised clinical post doc experience. This is your authority to release any information you have in your files, favorable or otherwise.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Summary of Supervised Clinical Experience

Name of Facility _____

Address of Facility _____

Applicant's Title at the time of supervision _____

Dates of Supervised Clinical Experience: From: month _____ year _____ To: month _____ year _____

FACE-TO-FACE Individual Supervision: Hours/Week _____ TOTAL supervised face-to-face hours _____

Total Hours of Supervised Clinical Work Experience* _____

(* # of hours worked per week X # of weeks worked)

Was a Candidate Agreement or Employment Relationship on file in the Board office prior to commencement of the supervision? ☐ YES ☐ NO

SUPERVISOR'S CONFIRMATION

Supervisor: Please provide (typed and attached)

- 1) A description of the supervisory methods and the types of issues dealt with during supervision,**
- 2) A description of the type of work performed by the applicant, and**
- 3) A description of the quality of work performed by the applicant.**

SUPERVISOR'S CONFIRMATION

(Please Print Clearly)

Name_____

Title at the time of Supervision_____

Address_____

Highest degree earned_____

Licensed as a/an_____ By (state)_____ License#_____

Issue Date_____

Phone Number _____

Signature_____

Date_____

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

Verification of Licensure/Certification from Another Jurisdiction

TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE ISSUING BOARD:

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires verification of licensure/certification/registration from each jurisdiction wherein I hold or have held, or have applied for such a certificate. **THIS IS YOUR AUTHORITY TO RELEASE EXAMINATION INFORMATION YOU HAVE IN YOUR FILES FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

TO BE COMPLETED BY APPLICANT:

(Please print legibly)

Name _____

Address _____

Jurisdiction of Issue _____ Phone Number _____

Date of Issue _____ License/Certification Number _____

Signature _____ Date _____

TO BE COMPLETED BY LICENSING BOARD:

Name _____

License/Certificate Number _____ Original Date of Issue _____

- | | |
|---|----------------|
| 1. Is the applicant currently licensed/certified? | [] Yes [] No |
| 2. Has there been any disciplinary action taken against the applicant? | [] Yes [] No |
| 3. Are there any complaints pending against the applicant? | [] Yes [] No |
| 4. Is the applicant considered to be in good standing in your jurisdiction? | [] Yes [] No |

If you answered yes to question 2 or 3, please explain.

Signature _____ Title _____ Date _____

Name of State Board/Jurisdiction _____

ESSAY EXAM QUESTIONS

Please answer the following essay questions. In your answers, please try to be as specific and direct as possible. Please present six separate essays and label each answer with the question being addressed. **Be sure to put your full name on all pages of your essay responses and staple them together.**

1. Describe the professional practices in which you have competence and the academic and experiential methods by which you developed each of these competencies.
2. Over the course of your professional life you will be expanding the scope of your professional practice. Please specify:
 - a. The specific techniques by which you will acquire new professional skills.
 - b. The means by which you will engage in continuing professional education.
3. Discuss 5 ethical problems, which you may already have encountered or may, in the future, encounter in your professional practice. Your answers should:
 - a. Clearly state the ethical problem.
 - b. Cite all the specific professional ethical principles you are applying from your profession's Code of Ethics.
 - c. Delineate the critical thinking by which you would work toward resolution of the problem. Discuss the pros and cons of each possible decision.
 - d. Provide a concise statement of your resolution of the problem.
4. Discuss how issues of cultural diversity affect client assessment and treatment.
5. Demonstrate knowledge of procedures and mechanisms for interdisciplinary collaboration among mental health professionals. Please include what you would need in order to ethically consult with another clinician.
6. Explain how your records will be managed in the event of your impairment or death in both an organizational and private practice setting. Be sure to address how long records should be kept according to the Board's administrative rules.

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-676
Fax Number (603) 271-6702

Professional Reference Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE REFERENCE:

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY REFERENCE:

Professional relation to applicant _____

Length of time you've known applicant: From (Mo/Yr) _____ to (Mo/Yr) _____

Please provide a brief description of your knowledge of the applicant's professional and ethical behavior. _____

Title of applicant's position and name of organization he/she was employed at when you worked with them _____

Brief description of applicant's duties & responsibilities: _____

Area of applicant's specialties: _____

Do you attest and certify that the applicant is an individual of good moral character?

☐ Yes ☐ No

If No, please explain _____

If you are aware that the applicant has been or is the subject of any malpractice or civil suit involving the practice of their profession, or if they have been charged or convicted of a crime in any state or country; the disposition of which was other than acquittal or dismissal; or if there have been or are any complaints or charges of violation of the ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made or pending against them; or that they have ever been required to surrender their license/certification or have been found guilty of, or have entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country by any licensing board or professional ethics body; please clarify those circumstances and the current status of the applicant below.

Quality and extent of your endorsement:

☐ Without Reservation ☐ With Reservation ☐ No Recommendation

If you checked "With Reservation," please elaborate _____

THIS FORM IS TO BE RETURNED TO THE APPLICANT IN A SIGNED SEALED ENVELOPE.

Signature of Reference _____ Date _____

(Please Print)

Name _____

Address _____

Phone Number _____ Title _____ Degree _____

Licensed/Certified (Specialty) _____ State _____

License Number _____

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

Professional Reference Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE REFERENCE:

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY REFERENCE:

Professional relation to applicant _____

Length of time you've known applicant: From (Mo/Yr) _____ to (Mo/Yr) _____

Please provide a brief description of your knowledge of the applicant's professional and ethical behavior. _____

Title of applicant's position and name of organization he/she was employed at when you worked with them _____

Brief description of applicant's duties & responsibilities: _____

Area of applicant's specialties: _____

Do you attest and certify that the applicant is an individual of good moral character?

☐ Yes ☐ No

If No, please explain _____

If you are aware that the applicant has been or is the subject of any malpractice or civil suit involving the practice of their profession, or if they have been charged or convicted of a crime in any state or country; the disposition of which was other than acquittal or dismissal; or if there have been or are any complaints or charges of violation of the ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made or pending against them; or that they have ever been required to surrender their license/certification or have been found guilty of, or have entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country by any licensing board or professional ethics body; please clarify those circumstances and the current status of the applicant below.

Quality and extent of your endorsement:

☐ Without Reservation ☐ With Reservation ☐ No Recommendation

If you checked "With Reservation," please elaborate _____

THIS FORM IS TO BE RETURNED TO THE APPLICANT IN A SIGNED SEALED ENVELOPE.

Signature of Reference _____ Date _____

(Please Print)

Name _____

Address _____

Phone Number _____ Title _____ Degree _____

Licensed/Certified (Specialty) _____ State _____

License Number _____

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street
Concord, NH 03301
(603) 271-6762
Fax Number (603) 271-6702

Professional Reference Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE REFERENCE:

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY REFERENCE:

Professional relation to applicant _____

Length of time you've known applicant: From (Mo/Yr) _____ to (Mo/Yr) _____

Please provide a brief description of your knowledge of the applicant's professional and ethical behavior. _____

Title of applicant's position and name of organization he/she was employed at when you worked with them _____

Brief description of applicant's duties & responsibilities: _____

Area of applicant's specialties: _____

Do you attest and certify that the applicant is an individual of good moral character?

☐ Yes ☐ No

If No, please explain _____

If you are aware that the applicant has been or is the subject of any malpractice or civil suit involving the practice of their profession, or if they have been charged or convicted of a crime in any state or country; the disposition of which was other than acquittal or dismissal; or if there have been or are any complaints or charges of violation of the ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made or pending against them; or that they have ever been required to surrender their license/certification or have been found guilty of, or have entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country by any licensing board or professional ethics body; please clarify those circumstances and the current status of the applicant below.

Quality and extent of your endorsement:

☐ Without Reservation ☐ With Reservation ☐ No Recommendation

If you checked "With Reservation," please elaborate _____

THIS FORM IS TO BE RETURNED TO THE APPLICANT IN A SIGNED SEALED ENVELOPE.

Signature of Reference _____ Date _____

(Please Print)

Name _____

Address _____

Phone Number _____ Title _____ Degree _____

Licensed/Certified (Specialty) _____ State _____

License Number _____

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- ☐ I **am** eligible for consideration as defined in paragraph #1 above.
- ☐ I **am not** eligible for consideration as defined in paragraph #1 above.
- ☐ I **am** eligible for consideration as defined in paragraph #2 above.
- ☐ I **am not** eligible for consideration as defined in paragraph #2 above